

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Coila
District of _____
Town of _____
or _____
City of Hayden

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 146
County Registrar No. _____
Local Registrar No. 28

2. Full name of child Amalia Jann
3. Sex of Child Female ☒ to be answered ONLY in event of plural births. 4. Twin, triplet or other? No 6. Legitimate? No 7. Date of birth Mar 11 1925
Month Day Year

8. FATHER
Full name Jose Jann
9. Residence Hayden
(Usual place of abode)
If non-resident, give place and state.
10. Color or race White
11. Age at last birthday 25 (Years)

14. MOTHER
Full maiden name Jenny Lopez
15. Residence Hayden
(Usual place of abode)
If non-resident, give place and state.
16. Color or race Mexican
17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Spain
(State or country)
13. Occupation Post man
Nature of industry

18. Birthplace (city or place) Agua Prieta
(State or country) Mexico
19. Occupation House wife
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at Hayden on the date above stated

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles S. Smith (Physician or midwife)
Address Hayden

Given name added from a supplemental report

Month, day, year

Filed Mar 12, 1925 W. H. Nash Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

115-311-139